

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18095

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>193</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>California</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Encinitas</u>		-80408	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospita l</u>				d. STREET ADDRESS (If rural, give location) <u>1680 Leorna Lane</u>			
3. NAME OF DECEASED (Type or Print) <u>Harold Ancil Scott</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 5, 1921</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aircraft Insp.</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>33</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denver Colo.</u>	
13a. FATHER'S NAME <u>Tyre Ancil Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Wiles</u>		14. NAME OF HUSBAND OR WIFE <u>Marion ?Scott</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marion Scott Encinitas, California.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure 4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old Rheumatic valvular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lobar pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/6 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January 19, 1955</u> to <u>June 26, 1955</u> , that I last saw the deceased alive on <u>June 26, 1955</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James V. Mead M.D.</u>		23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>6/26/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Etienne Phil. Ocean Side, Calif.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>June 26-55</u>		REGISTRAR'S SIGNATURE <u>R. G. Harris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buesch Jefferson City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

1951 42 MAR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.